## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

JAN 14 2010

Please read the instruction before completing. Attach additional sheets if necessary.

COMMISSION ON ETHICS

| P | erson | ial inf | ORMATI | ON: |
|---|-------|---------|--------|-----|
|---|-------|---------|--------|-----|

| NAME: Dennis A Perea                   | LENGTH OF RESIDENCE IN NEVADA: 27 Years                            |
|----------------------------------------|--------------------------------------------------------------------|
| ADDRESS: 3530 Gloucester Gate St       |                                                                    |
| CITY, STATE, ZIP: Las Vegas, NV, 89122 | LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE:  5 Years |
| TELEPHONE: 702-431-9443                | E-MAIL: daperea@nvdetr.org                                         |

<u>SECTION A</u> (Public Office): List all public offices for which this financial disclosure statement is required and check each box accordingly i.e. annual, candidate or appointment filing. NRS 281A.620.1(g).

Elected, appointed or appointed to elected (E, A, AE)

Annual

Compensation

Compensation

Annual

ANNUAL

ANNUAL

ANNUAL

CANODATE

NRS 281A.610.1

CANODATE

NRS 281A.610.1(a).

Title of Public Office and Name of Government

|                                              |   |           |             | Check the | appropriate b | woled sexoc |
|----------------------------------------------|---|-----------|-------------|-----------|---------------|-------------|
| Administrator, Nevada Equal Rights Commision | Α | \$ 86,000 | Feb 4, 2008 |           |               |             |
|                                              |   | S         |             |           |               |             |
|                                              |   | \$        |             |           |               |             |

<u>SECTION B</u> (Sources of Income): List each source of your income (in addition to any source listed in Section A), or that of any member of your household who is 18 years of age or older. NRS281A.620.1(b).

| , , , , , , , , , , , , , , , , , , , | Househo<br>Self Membe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| •                                     | Check the appropriate of the control |  |
| State of Nevada.                      | <b>✓</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Boulder City Florist                  | <b>✓</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

SECTION C (Real Property): List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state. NRS 281A.620.1(c).

Specific Location

Particular Use

| N/A |  |
|-----|--|
|     |  |
|     |  |
|     |  |

| Name of Public  | Officer- | Dennis | Δ             | Perea |
|-----------------|----------|--------|---------------|-------|
| Manie of Labite | UHILLEI. |        | $\overline{}$ | CICA  |

SECTION D (Creditors): List each creditor to whom you or a member of your household owes \$5,000 or more [EXCEPT: (1) debt secured by mortgage or deed of trust on your personal residence; and (2) debt on a motor vehicle for personal use retained by seller. NRS 281A.620.1(d).

oonsenon 1961 Member

Household

| ,           | Check the | e appropriet<br>xes |
|-------------|-----------|---------------------|
| Capital One | ✓         | ✓                   |
| Chase       | <b>✓</b>  | 1                   |
| ·           |           |                     |
|             |           |                     |

SECTION E (Gifts): List the gift, identity of donor and value of each gift if all gifts received are in excess of an aggregate value of \$200 from a donor during the preceding taxable year [EXCEPT: (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action]. NRS 281A.620.1(e).

| Gift | <u>Donor</u> | Value of Gift |
|------|--------------|---------------|
| N/A  |              | \$            |
|      | ·            | \$            |
|      |              | \$            |
|      |              | \$            |

<u>SECTION F</u> (Business Entities): List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity. NRS 281A.620.1(f).

|     | Self    | Member                 |
|-----|---------|------------------------|
|     | Check U | he appropriate<br>oxes |
| N/A |         |                        |
|     |         |                        |
|     |         |                        |
|     |         |                        |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/14/20010

Signature: \_

Print Name: Dennis A Perea

WHERE TO FILE:

APPOINTED PUBLIC OFFICERS SUBMIT TO:

Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax ELECTED PUBLIC OFFICERS OR CANDIDATES SUBMIT TO:

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax

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